R E P O R T R E S U M E S

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PROJECT RE-ED, A DEMONSTRATION PROJECT FOR THE REEDUCATION OF EMOTIONALLY DISTURBED CHILDREN.

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THE PROJECT FOR THE REEDUCATION OF EMOTIONALLY DISTURBED CHILDREN (PROJECT RE-ED), A DEMONSTRATION PROJECT (1961-1968) TO DEVELOP AND EVALUATE THE EFFECTIVENESS OF RESIDENTIAL SCHOOLS (SUNDAY THROUGH FRIDAY) FOR DISTURBED CHILDREN, IS DESCRIBED. THE PROFESSIONAL TRAINING AT GEORGE PEABODY COLLEGE, TENNESSEE, AND USE OF CAREFULLY SELECTED TEACHER-COUNSELORS IN THE TWO PROJECT SCHOOLS (CUMBERLAND HOUSE ELEMENTARY SCHOOL, TENNESSEE, AND WRIGHT SCHOOL, NORTH CAROLINA) WHICH SERVE 40 CHILDREN AGED 6 TO 12 IS DISCUSSED. ASPECTS OF THE FORMAL SCHOOL PROGRAM BASED ON INDIVIDUAL NEEDS AND THE CAMPING PROGRAM ARE PRESENTED, AND WORK WITH THE CHILD'S FAMILY AND SCHOOL IS DESCRIBED. INCLUDED IS INFORMATION ABOUT ADMISSION CRITERIA, LENGTH OF STAY, REFERRAL PROCEDURES, FACILITIES, COSTS AND FINANCING, NEEDS FOR ADDITIONAL SERVICES, AND PROJECT EVALUATION. PHOTOGRAPHS OF SCHOOL ACTIVITIES AND SEVEN BRIEF CASE HISTORIES ARE ALSO INCLUDED. (MY)

ED0188897

Project Re-ED

COVER

The teacher-counselor is the heart of Re-ED. View of Cumberland House Elementary School, Nashville, Tennessee.

PROJECT RE-ED

A Demonstration Project

for the

Reeducation of Emotionally Disturbed Children

A cooperative program of the State of Tennessee, the State of North Carolina, and George Peabody College for Teachers. The project is supported by the National Institute of Mental Health under Grant MH-929, and by funds from the States and the College.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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1964

Revised, 1967

FOREWORD

Project Re-ED is the brief title for a Project for the Reeducation of Emotionally Disturbed Children. The project is a cooperative effort of George Peabody College for Teachers, the State of Tennessee, and the State of North Carolina, made possible by a grant from the National Institute of Mental Health. The purpose of the project is to develop and evaluate the effectiveness and feasibility of residential schools for disturbed children, schools that are staffed by carefully selected teachers backed by consultants from the mental health professions. The project, underway since 1961, will be completed in 1968. Two schools are now in operation, one in Nashville and one in Durham, and programs for training and research are in progress at Peabody.

The booklet is addressed to community leaders, to professional people in the fields of mental health, education, and child welfare, and to government officials who are concerned with the provision of mental health and educational services to emotionally disturbed children.

Elementary school teachers interested in the training program at Peabody should write to the College for a pamphlet describing admission requirements, fellowships, and the course of study. Cumberland House and Wright School each has a special bulletin for parents, teachers, pediatricians and others who may wish to refer a child.

Visitors are welcome at the schools and at Peabody College.

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HOW THE RE-ED PLAN DEVELOPED

A study of resources for mental health training and research in the South, conducted in 1954 by the Southern Regional Education Board, revealed an acute shortage of facilities for emotionally disturbed children in the region. At that time facilities for residential services for children in all sixteen southern states combined were not sufficient to meet the needs of the least populous state. The situation has improved since the 1954 study, but the problem remains a serious one. In general, emotionally disturbed children are cared for by various inadequate emergency arrangements in the community, or are kept in detention homes, on wards with psychotic adults, or in institutions for the delinquent and the mentally deficient. Where specialized facilities have been built, they are costly and difficult to staff. The problem is nationwide.

In 1954 the solution to the problem of caring for emotionally disturbed children seemed to lie in the training of more psychiatrists, psychologists, social workers, and other specialized mental health personnel. It was felt that if a state would wait a few years, sufficient personnel would become available to man its mental health programs according to existing patterns. But this expectation was made untenable by the manpower studies of the Joint Commission on Mental Illness and Health. These studies demonstrated that there would not be in the forseeable future enough mental health specialists to staff all programs according to existing operating conceptions. Three needs became clear: (1) the need for new sources of manpower, (2) the need for new ways of extending the effectiveness of highly trained mental health specialists, and (3) the need for new patterns of operation to ensure the fullest and most efficient utilization of all resources.

In 1956 the principal investigater for Project Re-ED studied programs for disturbed children in Europe. The object of the inquiry was to get ideas that might be useful in the United States. In Glasgow, Scotland, and in a number of communities in France were found patterns that might be adopted to help solve the mental health manpower problem in this country.

For more than twenty-five years Glasgow has had a school psychology service that has grown to impressive dimensions because of distinguished achievement. It is staffed by carefully selected teachers who have been given about two years of on-the-job training and

then put to work in one of their eleven guidance clinics, or in their residential treatment center at Nerston, on the outskirts of the city. Nerston was established during World War II to care for children who could not adjust to evacuation and placement in foster homes. After the war it was continued as a residential treatment center for children who were too disturbed to be cared for by the guidance clinics. Nerston is staffed entirely by teachers called educational psychologists, who teach regular classes as well as care for the children after school and at night in an around-the-clock therapeutic endeavor. There is one psychiatric consultant for the service. The program appears to be effective and has been a stable one for twenty-five years.

In France a much more elaborate program for all kinds of exceptional children, including the emotionally disturbed and deliquent, has been developed. Under the aegis of the *Union Nationale des Associations Régionales pour la Sauvegarde de L'Enfance et de L'Adolescence*—a quasi-public body that coordinates much of the French effort for the welfare of children—new patterns have emerged that are not yet widely known in America. The *Sauvegarde* administers funds, publishes a journal, and sponsors regional and national conferences and congresses. Because of its influence, one finds well conceived facilities for children throughout France. In the absence of an effective program for foster home placement, numerous residential centers are serving various functions. The centers, each with 40 to 60 children, are housed in old chateaux and are staffed largely by *educateurs*, a professional group having no counterpart in the United States. The *educateurs*, of whom there are some 3,000 in France, are carefully selected and trained workers with children. Having some of the skills of the teacher, the social worker, the psychologist, and the recreation worker, the *educateurs* take heavy responsibilities for the operation of observation and treatment centers. They suggest a pattern for a new professional group for mental health and educational programs in the United States, called, in Project Re-ED, the Teacher-Counselor.

Re-ED had its origins in these early studies. Since then many organizations and individuals have contributed to its development. The first discussions of the possibility of developing residential schools for disturbed children, following roughly these European patterns, took place in the Commission on Mental Health of the Southern Regional Education Board. Several meetings were devoted to the topic, thus initiating the process of shaping the idea for later adoption by two states in the region. The SREB staff has continued to give the project strong support and to assist materially in plan-

ning for its realization. After the plan had been debated and found promising in these early discussions, it was presented to the officers of the National Institute of Mental Health, who expressed interest and encouraged the development of a proposal for possible grant support. Drafting a proposal took many months and involved the faculty at Peabody College, the Commissioners of Mental Health of the states of Tennessee and Kentucky (which was an original participant replaced later by North Carolina) and their staffs, and the mental health staff of the Southern Regional Education Board.

Invaluable consultant help was provided continuously by the National Institute of Mental Health. After the proposal was submitted a review committee not only evaluated it but made many useful suggestions for improvement of the plan. In the meantime the Joint Commission on Mental Illness and Health had endorsed the idea as representing a type of experimentation with new patterns of care that should be undertaken in a nation-wide effort to improve mental health services. A grant was approved by the National Mental Health Council in March of 1961. As the plan has moved from the proposal stage to the stage of actual operation it has of course undergone many modifications. The Commissioners of Mental Health of Tennessee and of North Carolina, the Advisory Commission for the project, the consultants in psychiatry, education, social work, and psychology, and especially the staffs of the two schools, have refined, elaborated, and in some instances creatively altered the initial plan. Re-ED is the product of many people who believed in an idea, and who have worked indefatigably first to discover the possible and then to make the possible an operating reality.

Despite some changes in external form, the following assumptions that guided early planning remain the foundation for the present program:

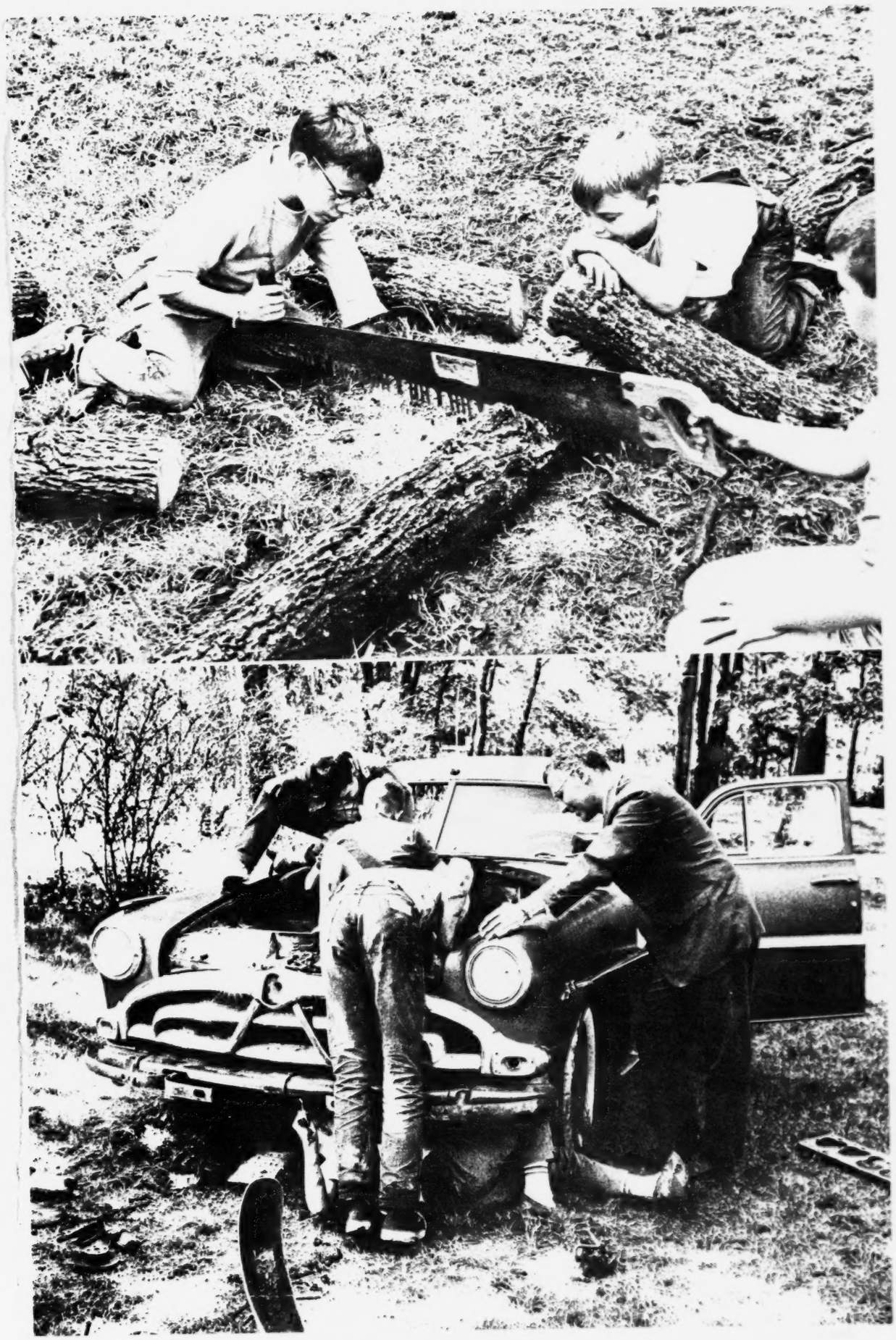
The problem of providing for emotionally disturbed children is a critical one requiring bold measures. Society will not continue to tolerate the assignment of disturbed children to detention homes, to hospitals for adults, or to institutions for the mentally deficient. The social need for imaginative planning is acute.

The United States does not have and will not be able to train a sufficient number of social workers, psychiatrists, psychologists, and nurses to staff residential psychiatric facilities for children along traditional lines. It will not be possible in the foreseeable future, with manpower shortage becoming increasingly more acute, to solve the problem of the emotionally disturbed child by adhering to limited patterns. The problem must be redefined if it is to be solved.

For effective work with children the worker's personal attributes

weigh more heavily than his professional knowledge and technical skills. Fully adequate programs for the reeducation of emotionally disturbed children can be developed by (1) emphasizing selection of workers, (2) providing condensed, highly specific, functional training, and (3) backstopping the workers' day-by-day activities with a dependable system of consultation by top-level professional personnel.

The model provided by education with its emphasis on health rather than on illness, on teaching rather than on treatment, on learning rather than on fundamental personality reorganization, on the present and the future rather than on the past, on the operation of the total social system of which the child is a part rather than on intrapsychic processes exclusively, may provide an effective as well as feasible approach to the problems of a substantial number of emotionally disturbed children.



ORGANIZATION OF THE PROJECT

Project Re-ED is organized around four semi-autonomous units: the Office of the Principal Investigator, the Training Program in the Department of Special Education of Peabody College, Cumberland House Elementary School in Tennessee, and Wright School in North Carolina. Peabody is the coordinating and fiscal agent for the project, as well as a participating member. The basic grant from the National Institute of Mental Health was made to the College.

THE SCHOOLS

The two schools in Project Re-ED have many characteristics in common, reflecting their commitment to a central idea. Each school also has a number of unique features, reflecting a commitment to planned diversity that capitalizes on local resources and refreshes the project with new ideas.

The two schools are an integral part of the mental health programs of their respective states, being in each instance the responsibility of the Commissioner of Mental Health. Grant funds are paid by Peabody College to the two states, which augment the funds and expend them in accordance with an established budget. The issue of state autonomy, within the general framework of organization and purpose of the project, is underscored here because a main goal of the demonstration is to show that the basic Re-ED plan for residential schools for disturbed children is realistic and practicable, that it can be adjusted to the political and administrative realities and requirements of different state or local governments. The North Carolina school is 600 miles from the project headquarters, indicating that the ideas of Re-ED are exportable, that they can be put into effect without the daily supervision of the central staff. The goal of the project is not simply to get two schools into operation. The central purposes are to demonstrate that carefully selected teachers backed by consultants can do effective work with disturbed children and that the schools developed in accordance with the plan are viable social institutions, capable of being financed, staffed, and operated independently by any state or community.

The schools are designed to serve forty children of elementary school age, 6 to 12, organized into five groups of eight children each, with a rough division according to age, and with an expectation of about four times as many boys as girls. The children are in residence from Sunday afternoon until Friday afternoon, most of them returning home to their families for the weekend. This arrangement is regarded as exceedingly important since it keeps the family owning the child and the child his family, preventing the alienation that

so often occurs with institutionalization of a child. It also provides a needed period of rest and refreshment for the staff. Of course not all children can go home every weekend, and provisions are made for them to continue at school with a modified program.

Two teacher-counselors are responsible for each group of eight children. They are assisted by teacher-counselor trainees, aides, student volunteers, or resource people in art, music, crafts, and physical education. The team of two teacher-counselors, with assistants, is the basic functioning unit for the schools; the team is responsible for the program around-the-clock. One teacher-counselor is responsible for the school day; the other is responsible for the child after school, through the afternoon and night until school time the next day. In the Re-ED plan, heavy emphasis is placed on formal school work, modulated to the needs of each child, on the conviction that school represents one of the two most important concerns of the child, the other being his family.

Schools such as proposed in Project Re-ED should not be thought of as replacements for psychiatric services for children. Indeed, the operation of the school should increase public awareness of the need for other specialized services. It has a clearly complementary function to the residential treatment center which requires the services of the traditional psychiatric team. It should serve as a buffer against hospitilization and as a means of speeding the return to school and community of the child who has been hospitalized for psychiatric reasons.

Project Re-ED is not a sufficient service for all disturbed children. It is seen as one unit in a complex of services that is needed for an optimum community program for disturbed children. Such a complex would include special consulting services for the regular classroom teacher, special classes in the public schools, day-care centers, child guidance clinics, residential schools for disturbed children (like Project Re-ED), acute and intensive treatment centers for disturbed children, and long-term care for severely disturbed children who do not respond to other forms of treatment.

THE CAMPING PROGRAM

Camping in Re-ED started out as a way to introduce variety into the year's activities but it has developed at Cumberland House into a major new dimension of the total program and may be continued the year around.

An opportunity to experiment with camping was provided by the availability of the H. G. Hill Camp, owned by Peabody College. The camp is located about fifteen miles from the school on a wooded bluff

on the Harpeth River. Four cabins, a dining hall, and several smaller buildings constitute a base for operation, but the activities are centered primarily in the woods and on the river. The College has renovated the camp and has leased it to the State of Tennessee for use in Project Re-ED.

The entire program at the camp is built around purposeful activities worked out by groups of children and their teacher-counselors. All groups build for themselves comfortable and attractive campsites in the woods, carry out nature study projects, plan and go on trips, and do some school related work. There is a minimum of formal scheduling at the camp. The children rise with the sun, work on meaningful tasks the day through, and get to bed early without need of persuasion.

In the summer of 1963, a group of older boys (who called themselves the Confederate Aviators) lived all summer in the woods in a primitive camp that grew quite comfortable with handmade furniture, ovens, etc., scorning the comforts of a cabin. Another group (the Bobcats) started in a cabin and gradually moved to their campsite in the woods. They built a rope bridge, over a sink-hole, of which they were immensely proud. A mixed group of girls and younger boys (the Whippoorwills) built one of their tents, appropriately, on a high platform in the trees, and won the admiration of all. One group started a fossil collection, another studied mushrooms, a third used river clay to mold and carve figures.

The activities of the camp have great appeal so that motivation for most children stays high. The tasks tend to have intrinsic rewards and punishments; if all members of a group do their assigned tasks well, the group has a good meal, if not, the meal may not be so good. There are no scheduled games, tournaments, awards, or elections. What the children do grows naturally out of the setting in which they are living. Teaching and learning are a continuous process. There is some formal instruction in reading and arithmetic but this too is tied to camping problems. Since the campsites are widely scattered, the groups are more cohesive than in the regular school year. The entire operation has a purposefulness and serenity that captures both children and staff.

Camping is a less central part of the program in the North Carolina school at the present time. Because of its unusual setting with an expanse of pine woods on its property, Wright School can combine its regular program with camping activities. The woods

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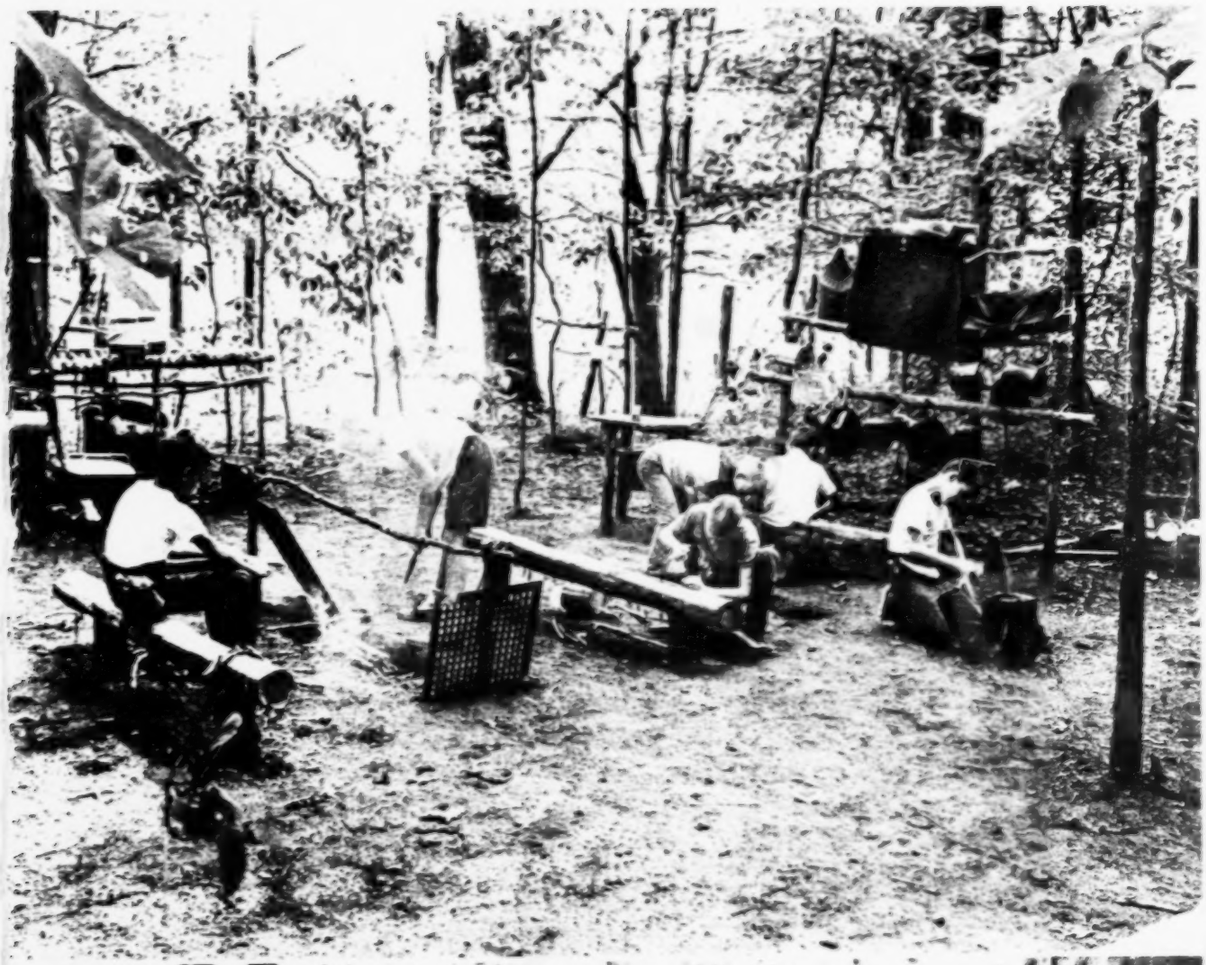
(Above) The children build their own shelters and cook some meals every week
(Below) Even at camp, school keeps



are used for cookouts, campcraft instruction, nature study, and overnight camping. Again, the diversity of program within an overall pattern is seen as a realistic and desirable development, providing other states and communities with an invitation to adapt the plan to local circumstances and to invent new ways of realizing the basic objective.

THE TEACHER-COUNSELOR

The teacher-counselor is the central person in Project Re-ED. It is he who works with the children, at school, at play, at night, in camp, on trips to a museum, to a swimming pool, to a state park, to a concert. He is teacher and counselor and friend. He needs many skills: how to teach fourth grade arithmetic, how to help a child with a reading problem, how to manage a group of eight children in the evening after dinner, how to pitch a tent, pack a canoe, make a monkey-bridge, how to calm a child who has lost control of himself and comfort a child who is afraid or despairing, how to lead group singing, how to throw clay on a potter's wheel, how to operate a teaching-machine, how to understand a psychiatrist, psychologist, or social worker, how to help a teacher plan for the return of a child, how to talk constructively with a distraught or distrustful or over-dependent parent, how to do all this and many other things as well. It is a demanding and truly professional role. There is no greater responsibility than for the welfare of a child. The working day is often long, with no counting of hours; weekend work is frequent; it is a year-round job; concern is ever-present.

To be successful a teacher-counselor must have a deep commitment to children. He must value service to others above gain for himself. He gets his main satisfactions from seeing a child open himself up to experience, gain some control, grow in competence and trust, and find some measure of joy in the world. He must reckon constructively with the fact that he will work each day where stress is high, where a child or a colleague or perhaps he himself will not be able to live up always to the demands of the situation. He will be paid reasonably well, about 15% more than he would make on a twelve-month job as a public school teacher, but anyone who would take the job primarily for financial gain would be foolish, perhaps irresponsible. In the face of a demanding, draining life, he must be a person of inner richness, who is able to re-create himself from sources external to the job. Integrity in human relationships, equanimity of spirit, an abundance of sheer physical stamina, considerable trust in self, an ability to give and receive affection yet stand being hated day after day, a well of good humor, an affinity for joyousness—these are some of the requirements for being a teacher-counselor.

Of the requirements listed above a few can be taught but most cannot. A person can be taught how to teach reading, tie a clove-hitch, and talk with a psychiatrist, but that's about all; the important things in the role of the teacher-counselor are the things that he has learned in the living of all of his life. Thus selection is most important in the making of a teacher-counselor.

Selection of the first teacher-counselors for training at Peabody was done on the basis of the applicant's record and in some instances on interviews and visits to his school. Now that the two Re-ED schools are in operation it will be possible to put into effect a selection procedure envisioned in the initial planning of the project. Applicants who have passed a preliminary screening will be invited to live and work in one of the schools for a two-week period. This will give them an opportunity to see if the work feels right and the staff an opportunity to judge their suitability for the task. Heavy emphasis will be placed on self-selection in this new plan.

The training program at Peabody leads to a Master of Arts degree in special education. It requires three quarters of graduate work. In the past, trainees have spent six months in course work at the College and three months on internships in residential treatment centers in the United States, Scotland, England, and Denmark. The internships in varied settings have been an important source of ideas for the programs of the schools. Starting with the academic year 1963-64, the training program will be changed to take advantage of the ongoing Re-ED program at Cumberland House in Nashville. The internship will be spread over the three-quarter period. The trainee will combine didactic instruction at Peabody with supervised work as an assistant teacher-counselor at Cumberland House. The program will be enriched by seminars, visits from local and national consultants, attendance at professional meetings, and visits to outstanding institutions serving disturbed children.

Trainees receive a fellowship in the amount of $3600 plus $400 for each dependent up to a $4400. They must pay their own tuition. The Re-ED schools in Tennessee and North Carolina are now substantially staffed. Thus graduates of the training program, as well as experienced teacher-counselors from the staffs of the two schools, will be available for positions in other programs similar to Re-ED, to initiate Re-ED-type programs, or to serve in public schools, day-care centers, and hospitals.

Re-ED represents an explicit break with the predominant philosophy of developing professional people in our society, a philosophy that minimizes individual differences and relies most heavily on extended and expensive periods of training to assure competence. The

Re-ED position represents an effort to test the hypothesis that, in providing professional services to children, a substantial measure of competence can be achieved by maximizing the contribution of individual differences while limiting professonal training to a calculated minimum. It is a tactical stance that can clearly be justified in the light of the acute and widespread shortages of personnel in the service professions in the United States today. It is also an hypothesis that can and should be tested not only in programs for disturbed children but also in other areas (in mental retardation, in care of the aged, in treatment of chronic psychoses) where the manpower shortage is such that neglect of people is a consequence.

THE PROCESS OF REEDUCATION

The best way to describe what is meant by reeducation is to be explicit about the goals of the program and the means by which the goals are expected to be achieved.

The goals of Re-ED schools are purposely limited. There is no expectation of a radical reorganization of the child, such as might be achieved by intensive and prolonged psychotherapy. The objective is to help the child, the family, the school, and the community to achieve just sufficient reorganization with respect to the requirements of each from the other to make the whole system work in a reasonably satisfactory fashion and without undue stress. These limited goals are sought by the following means:

1. Restoring to the child some trust in adults, some competences to meet demands of family, school, and friends, some confidence in self, and some joy in the morrow.

2. Helping a child maintain normal progress in school when possible and providing him with remedial work in reading, arithmetic, and other subjects as needed to arrest the downward trend in school achievement so often observed in disturbed children.

3. Mobilizing resources in the child's home community in the interest of the child, especially by giving assistance to his family.

4. Assisting the staff of the child's regular school to understand his problem and to make such reasonable adjustments in the school program as may be required to make possible an early and successful return of the child to his own school.

5. Helping the child to unlearn some specific habits that cause rejection by family, school, and friends, and to acquire some specific

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Trust and understanding must come first

habits that make him more acceptable to the people who are important in his life.

6. Helping the child gain some cognitive control over his behavior by helping him identify specific goals and reviewing each day as it is lived to identify sources of satisfaction and dissatisfaction and ways of behaving likely to bring more success to the next day.

7. Helping a child to achieve a sense of belonging in his home community, to perceive favorably and respond to the institutions provided by society to assist him in growing up: the schools, churches, libraries, health services, parks, museums, recreational areas, theaters, youth programs, and other similar agencies.

WORK WITH THE CHILD'S FAMILY

Work starts with a child's family at the time a child is being considered for admission and continues throughout his stay and for a followup period after discharge. Placement in a Re-ED school can be most useful at a time of crisis in the life of a child, to help the child get himself functioning more adequately and to help the family, the school, and the community mobilize their resources for his earliest possible return to a reasonably normal living situation. The family is pivotal in the matrix of forces that sustains a child and makes it possible for him to develop. Thus a major emphasis in Re-ED is placed on work with the family. On the faculty of each school there is a full-time, fully qualified psychiatric social worker. Her major responsibility is to help mobilize the resources of the child's home community to provide such help to the family as may be needed to get it operating above threshold with respect to the needs of the child, in order that he may return home as soon as possible. Ordinarily the social worker tries to find an agency or a qualified person in the child's community who will take responsibility for helping the family. In some instances, as when a family is too demoralized to be able to care for the child, the agency is requested to help find an alternate solution, such as placement in a foster home. The social worker also plays a central role in the selection of children for admission to the school, in interpreting the school program to parents, in helping teacher-counselors locate community resources needed in the child's program, and in planning for a child's return to his home.

WORK WITH THE CHILD'S SCHOOL

The child has two major concerns in our society. The first and most important is his family. The second is his school. In many

mental health programs for children there is a large gap between the program of the specialized agency helping the child and the program of the child's regular school. In Re-ED an effort is being made to bridge this gap by the development of what is believed to be a new professional role and position, the liaison teacher. The liaison teacher is a fully trained teacher-counselor with several years of experience in public school work. His full-time responsibility is to articulate the efforts of the Re-ED school and the child's regular school in order to ease transitions and to make the Re-ED program of maximum help to the child in furthering his personal adjustment and his educational development. The liaison teacher visits the child's school prior to his admission and finds what kinds of behaviors were hindering the child's normal development in school, what remedial instruction he may need, and what he must achieve while at Re-ED to keep up or catch up with his class. The liaison teacher arranges for visits by the child to his regular school after enrollment in Re-ED to keep him in touch with people there and to keep alive the expectation of an early return. Finally, he visits the school to help make arrangements for the child's return, the objective being to encourage the school to make an extra effort at a time when the child is on the up-grade rather than to spend extra effort only when a child is getting into trouble. Re-ED schools operate in an area midway between the educational and the mental health services of a state; education is the central mechanism for achieving both mental health and educational ends. This position is most clearly exemplified in the work of the liaison teacher.

KINDS OF CHILDREN SERVED

The Re-ED program is designed to meet the needs of children who are too disturbed or too disturbing to remain in a regular school, who cannot be helped effectively on a day-care basis because of discord or other difficulties in the family, and who do not need hospital care. The schools may be especially helpful to children from sparsely populated areas where mental health and special education services are lacking.

Diagnostic categories are not helpful in identifying the kind of child that the schools can serve. Some children diagnosed as schizophrenic, for example, have responded surprisingly well, while others with the same or a less serious diagnosis have not responded so well. So far, the only way to tell if a child will respond is to give him an opportunity to participate in the program.

Sometimes animals seem friendlier than people

Several criteria are used in deciding whether or not a child should be admitted. First of all, the child must be emotionally disturbed. Re-ED schools are ready to give help to really troubled and troublesome children who cannot be given adequate care by other community agencies. The schools are not looking for the "good cases;" they will give a child a chance even when the prognosis is poor. Failure after honest effort is preferred to easy success. But a measure of success has become the expectation.

The schools cannot take children who are mentally retarded, who require nursing care, and who cannot be managed in an open setting in groups of eight. At one point the schools would not accept children whose disturbance was regarded as chronic but notable success with some children who had been in individual therapy for several years has led to an abandonment of chronicity as a criterion.

The residential feature of a Re-ED school makes it especially responsive to the needs of the children in an acute crisis at home or at school when normal sources of support and guidance prove to be inadequate. The school may also serve as a buffer against hospitalization and as transition placement to speed the child's return to his home and regular school.

A brief sketch of a few of the children who have been in the schools may indicate most clearly the kind of child that can be served. Identifying information has been removed; children from both schools are included. Estimates of gain are those of the faculty, backed in some instances by reports from parents, clinics, and schools. More reliable assessments of gain will be available from followup studies. Complete records are available for examination by qualified professional people.

Gregory. At the admissions conference for Gregory, his mother said blandly, "of course, he's schizophrenic." This diagnosis of incipient schizophrenic reaction had been made by a mental health center where Gregory and his parents had been in treatment for a year. There was much discord in the home with Gregory in the middle of violent quarrels. He was obese, effeminate, extremely withdrawn, and about two years behind grade level in arithmetic. Greg responded remarkably well to the school program. A primary objective was to help him achieve a more masculine role. He lost weight, learned to swim, developed some skills in getting along with boys his age, became appropriately assertive, and took well to primitive camping. He began to work almost up to grade level. With growing competence, he gained in confidence and became quite outgoing. He excelled in music but never fully participated in baseball, tumbling, or other sports requiring good coordination. Greg's parents could

not make full use of the services offered by a community agency, yet they were helped to see some of the difficulty they were experiencing with Greg as a result of their contradictory expectations for him. This, while not an optimum change in the parents, did contribute to Greg's more comfortable adjustment at home. Results are judged to be good.

Susan. Susan, age 10, has a long established diagnosis of schizophrenia. Her father is uninvolved with the family and her mother is over-involved with Susan. Susan has never been able to attend school. She had many fears, temper tantrums, and compulsive rituals. Her ideation was sometimes bizarre, sometimes clear and effective. Susan has been able to gain some independence from her mother and is somewhat more responsive to people. Her thinking seems less confused. Her school work is at grade level, except in arithmetic. Some progress is being made by Susan's mother who is in therapy at a mental health center. Relieved of the necessity of giving Susan 24-hour care, she has been able to develop some areas of healthy interest. Re-ED is an ideal placement for Susan though it may take years to achieve limited goals, one of which would be to prevent long-term hospitalization. Results are judged to be uncertain.

Peter. A psychologically intact child from a culturally deprived family, Peter had gotten into serious trouble at school. He reacted to a demanding teacher with acute fear and rebellion. He spent most of his time in the principal's office and was finally told that he could not return to school. Peter responded beautifully to a more accepting environment with predictable limits. He became a leader in his group and made good progress in school work. Though Peter's parents are involved in financial and marital difficulties, they have not responded to the efforts of an agency to help them. The liaison teacher has arranged for his return to his regular school this fall to a teacher who understands his problem and is prepared to help him. Results are judged to be excellent.

Walter. Walter was a very large, awkward, and belligerent child, one of the first to be admitted to the program. He had been in individual therapy at a mental health center for four years without evident gain. The diagnosis was schizophrenic reaction, chronic undifferentiated type. Walter has responded remarkably well. His outbursts of temper have subsided, his facial grimaces and tics have disappeared, he has ceased being a scapegoat and actually became a favorite with the children. Always an avid reader, Walter is now interested in other activities and is working at expected level in all subjects. Walter's parents were strongly motivated to obtain therapy

from a community agency and made progress in coming to terms with their mutual problems. The community provided Walter with an experience in a youth organization and a temporary placement in a local family to test his readiness to return to his family and the community at large. Results are judged to be good.

Jim. Jim was a deeply disturbed child with great confusion in sexual identification, a tremendous amount of hostility, and very little self-control. His strong impulses to flee and to hurt others and himself made it impossible to retain him in the program. After six months of extreme effort, the staff had to admit that the program was not helping. Jim had to be hospitalized. Results are judged to be poor.

Sandra. The admission of Sandra followed her intense emotional reaction to an impending divorce of her parents. Soon after admission she settled down, did good work, presented no problems. Results are judged to be good but appropriateness of placement is questioned.

Ronny. Ronny was a difficult and defiant child. He could not be managed at school or at home. He seemed to be fighting everyone, his teacher, his parents, his peers, himself. While he responded occasionally to individual adults on the Re-ED staff, he never became part of his group and he remained essentially hostile and negativistic. No change in his behavior could be observed during a two-month stay at the school. If anything, his behavior became worse. Unexpectedly, however, reports from his parents after weekends at home became increasingly more positive. He was returned home on a trial basis and did well; he was then returned to his regular school for a trial period and was able to adjust. The source of the change in Ronny was a marked change in his mother's condition. She was responding very well to therapy at a mental health center. Re-ED had apparently helped break a circular pattern of defiance and rejection, had given the family some temporary relief and had thus augmented the efforts of the clinic to help the mother. Ronny was never reached by the Re-ED program directly, yet Re-ED served to facilitate a change which made it possible for Ronny to return to his family and his school. Results are thus judged to be good.

Of the above, Gregory, Susan, Peter, Walter and Ronny are considered to have been appropriately placed in Re-ED. Jim was too disturbed to be worked with in an open setting but his need for hospitalization was not initially apparent; had he been a little older, Jim would probably have found his way quickly to a correctional institution. Sandra needed a brief asylum during the intense emotional reaction to parental strife but she is not a disturbed child and

would more appropriately be placed in a foster home or other shelter. Ronny illustrates the operations of the systems concept; while the school was unable to help him directly, it did provide a resource that materially aided the mental health center in its efforts.

LENGTH OF STAY

The Re-ED schools are designed to provide a short-term, intensive reeducational experience for a child in a period of crisis. It is expected that children will be in residence from four to six months. Some children may stay for two months, some may stay for two years, but the average stay should be relatively brief. A four-month's experience in a residential school makes sense only if one appreciates objectives of the Re-ED program. The purpose is not to effect a "cure" or a profound reorganization of the child's character and personality, but rather to give the child a special 24-hour-a-day environment in which he can grow in trust, competence, confidence, and joy, and to give the child's family, school, and community an opportunity to regroup their forces in the interest of the child's development in a relatively normal setting. Re-ED assumes that normal life circumstances are more conducive to healthy growth than is an institutional placement; it further assumes that there are occasions when a period of partial disengagement may be good for a child and for his family, school, and community as well. Children normally go home on weekends, a procedure adopted to prevent the alienation that sometimes occurs with removal from the home. The schools often set four months as an expected period of stay to provide child and staff alike with a clear goal for work; but this is a tactical arrangement made to ensure full use of time and can be modified in either direction as may be indicated by progress of the child or by improved conditions in his home and school.

REFERRAL PROCEDURES

Referral procedures vary somewhat between the two schools but there are some governing general principles. Both schools will accept referrals from mental health centers, child guidance clinics, public schools, family and children's services, and other recognized social agencies. Inquiries from parents, teachers, or physicians may be made through an agency or directly to Cumberland House or Wright School. There are two prerequisites for consideration for admission: There must be a diagnostic evaluation of the child and there must be an appropriate agency or qualified professional person who will assume local responsibility for helping the family, school, and community prepare themselves for return of the child as soon as possible.

FACILITIES

An ideal Re-ED school would be an integral part of the community, not isolated either geographically or psychologically from it. About ten acres of pleasant land is needed to provide ample space for living and work and play for forty children. Buildings would include five residences for children, each with an apartment for a teacher-counselor; a school building with five classrooms and a library; an administration building; a kitchen for central preparation of meals to be served in the residences of the children; and a covered play area. Each of the existing schools departs from this ideal, reflecting a more important commitment of the project to adapt the program to the realities of a particular situation.

Cumberland House Elementary School is located on a four-acre wooded and landscaped lot six minutes from Peabody College and Vanderbilt University. Three existing residences, augmented by a temporary classroom building, were remodeled to get the program into operation. The main house is a building of gracious lines that sets the feeling for the campus. Three additional residences will be built this year. While the grounds are not large, the site was chosen because of its closeness to training and research centers and to consultants. The Tennessee school also has access to a campsite consisting of 70 heavily wooded acres on the Harpeth River 15 miles from Cumberland House.

Wright School is located on a beautiful 32-acre plot that includes about 22 acres of pine woods. There is at present one handsome building that provides ample space for a program for 24 children. Plans call for the construction of five residences and the conversion of the present building to classrooms, offices, and recreation rooms. Wright School is ten minutes from Duke University and twenty minutes from the University of North Carolina. Again the school is in the heart of the community, yet it has such an abundance of space that a summer camping program can be conducted on the site.

COSTS AND FINANCING

The project is made possible by a grant of approximately two million dollars for an eight-year period by the National Institute of Mental Health (MH-929). The grant provides funds for the operating costs of the two schools, for the training program at Peabody including fellowships for approximately 60 teacher-counselors, and for research and evaluation. Each state is responsible for providing, furnishing, and maintaining the physical plant for its school.

View of Wright School, Durham, North Carolina

It is difficult to estimate the cost of land and buildings for a Re-ED school since the circumstances in the two states in the program are quite different. However, the value of the investments made would be between $300,000 and $500,000. Each state will contribute to the annual operating costs of its school the approximate amount it would pay to maintain a child in an established facility, such as an institution for the mentally retarded. This amount has been set by the two states at $50,000 a year to care for an average population of forty children. In the last three terminating years of the project, each state will assume additional responsibility for operating costs at the rate of 25% for the first year, 50% for the second year, and 75% for the final year. If the project is judged to be successful each state at that time would assume full responsibility for operating costs.

The situation in the two schools has not yet stabilized to the point where it is possible to get a firm figure for the cost of maintaining a child in the program. The staffs of the two schools are approaching full strength but the population of children is currently (September 1963) about half the planned capacity of the schools. This means of course that the per diem costs are higher than they will be when the schools are operating to capacity. Experience thus far suggests that it will be possible to realize the initial estimate of a cost per day per child of from $12 to $15.

NEEDED: AN ARRAY OF SERVICES FOR EMOTIONALLY DISTURBED CHILDREN

The Re-ED program is not seen as a solution to the problem of disturbed children but as one vital component in a needed array of services. An adequate program for emotionally disturbed children will require a range of services and will involve the total community in a coordinated effort in a model that has not yet been realized anywhere. Among the services that should be included in a coordinated plan are the following: mental health diagnostic services in all kinds of health clinics for children; assistance to the regular classroom teacher in dealing with disturbed children, such as may be provided by the school psychologist; special classes in regular schools staffed by special educators; day-care centers for children whose homes are intact but whose adjustment is too fragile to cope with a regular school; child guidance clinics of the traditional type; foster homes and observation centers; residential schools, such as the ones being developed in Project Re-ED, including schools of specialized character for disturbed children who are mildly retarded or very bright,

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Consultation is essential. Here teacher-counselors

or for highly aggressive children who need unusual challenge and adventure; intensive treatment centers in general and psychiatric hospitals; and, finally, unhappily but realistically with our present knowledge, custodial institutions to care for children who are unable to respond to the best that can be done for them in the services previously described. A child identified as emotionally disturbed should be admitted to the total system with placement at any one time being determined by the kind of program that can serve him best; every possible administrative arrangement should be made to facilitate easy movement from one unit to another. Each component of the system should be laced together with other community agencies that serve children and their families, such as schools, churches, welfare agencies, courts, playgrounds, museums, theaters, and other resources for human development.

RESEARCH AND EVALUATION

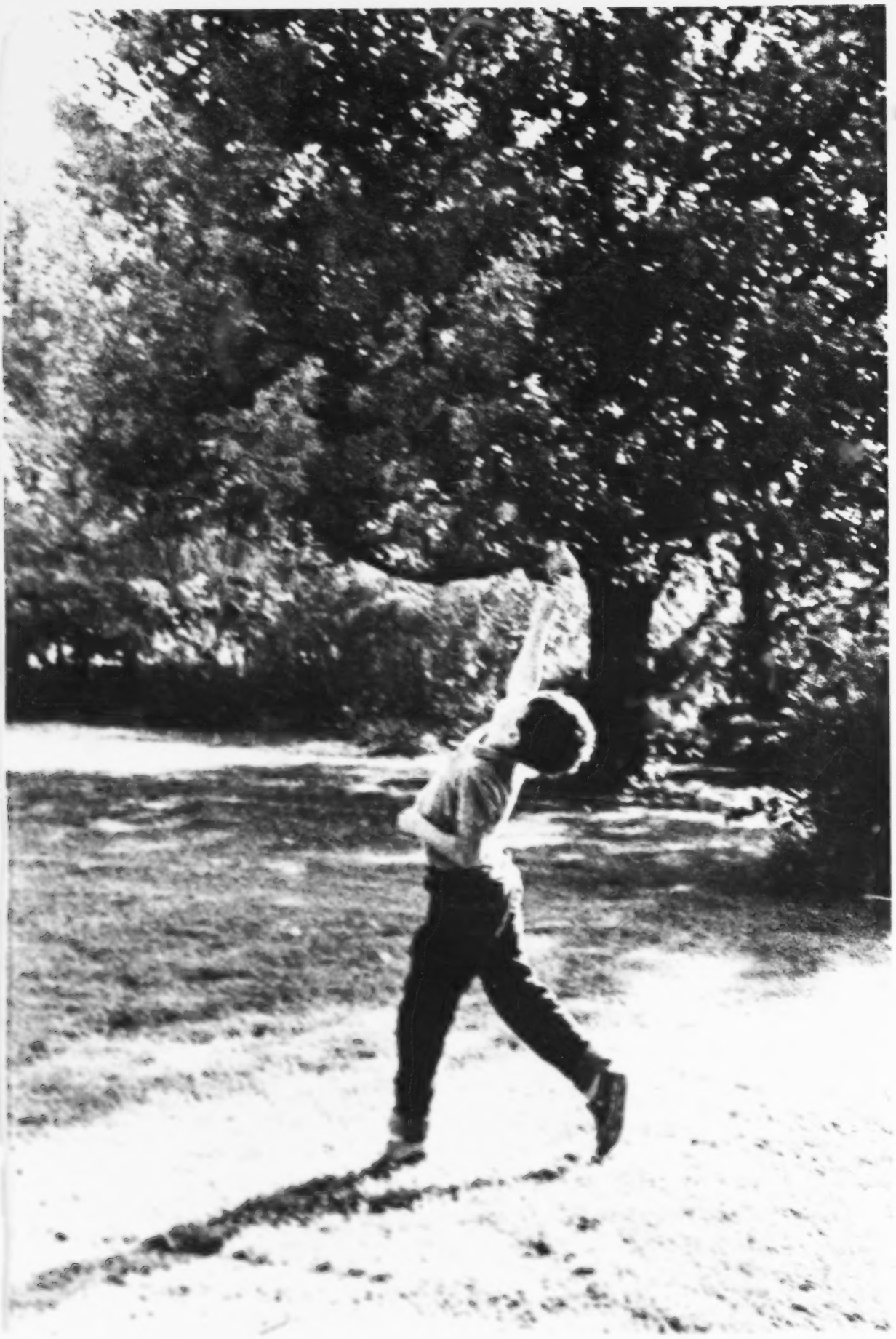
The program of research and evaluation has three objectives: (1) to evaluate the effectiveness and the feasibility of the Re-ED-type school as a social institution, (2) to study the characteristics of emotionally disturbed children and the processes involved in their reeducation, and (3) to provide materials useful to other agencies and schools that desire to incorporate procedures developed in the Re-ED program.

The design for evaluation of Project Re-ED calls for several different approaches. First there will be a quantitative study of the effect of the reeducation experience on participating children as compared with children who receive other forms of treatment or no treatment at all. A control group design is regarded as imperative to demonstrate that the Re-ED intervention has more effect than the passing of time and the natural healing that occurs therefrom. Feasibility studies will be made to assess the cost of the schools as compared with other established services for disturbed children.

While a quantitative evaluation of the effectiveness of the Re-ED schools will be valuable, it is recognized that decisions regarding the establishment of social institutions rest ultimately on the recommendations of informed and competent professional people. With this in mind, a panel of visitors composed of recognized authorities in mental health has been established (See roster, page 2). This panel will visit the schools annually. All records and activities will be open to them for study. The panel will assess the strengths and weaknesses of the schools on a year-to-year basis and will form a combined and cumulative judgment on the degree of success of the schools in meeting in unique fashion the needs of emotionally disturbed children.

The Director of Research will conduct studies of emotional disturbance in children and of the process of reeducation. He will facilitate the work of doctoral students or other investigators from Peabody College, Vanderbilt University, Duke University, The University of North Carolina, and other universities who wish to conduct studies in the schools.

The project will be completed in 1969, at which time it should be possible to provide dependable information on the effectiveness of the schools, the kinds of problems encountered, the cost of operation, the availability of competent workers with children, and other problems of central importance in such an experimental effort. It should be possible to assert with a definable measure of certainty the extent to which the Re-ED idea provides a basis for a socially effective and feasible plan to serve a now neglected group of emotionally disturbed children.



GRADUATES OF TRAINING PROGRAM FOR TEACHERS OF EMOTIONALLY DISTURBED CHILDREN, 1961-67*

1961/62

Pauline Frazier Bauguess
Neal Buchanan
Charlotte Clark
Charlotte Cook
Helen Lindsay
James Newman
Mary Frances Parker
James Paul
Wayne B. Pyle
Alice Newman Shannon
Patricia Staffen
Nelle Davis Wheeler
Richard Yell

1962/63

Ronald Carroll
John Garrett
Billie Garrison
Wanda Harris Pederson
Donald Lane
Kenneth Pederson
Joellyn Probst
Jane Shadwick
Robert Slagle
Douglas Slusher
Bernice Holley Willis

1963/64

J. Thomas Atkins
Larry Falxa
Barbara Gilmer
Miranda Godwin
Bruce Kane
Richard Lawrence
Judith Snellgrove
Philip Struen
Anne Cromer*

1964/65

Donald Cody
Robert Harth
Richard Haskell
Julia Penn
Louis Semrau
Sammie Lou Tobin
Lynn Tolhurst
Carol Tomlinson
Bill J. Willis
Viva Bosland*
Sarah Dixon*
Nancy Eaton*
Elinor Hall*
Kenneth Shaw*
Patricia Speechley*
Jeanie Williams*

1965/66

Marie Dixon Braxton
Joann Carter
Sharon Reed
Dean Richey
Fran Smith
Dorothy Alexander*
Mary Lynn Cantrell*
Marcia Carter*
Sandra Keene*
Dorothy Leach*
Thomas Noffsinger*
H. Kenneth Shaw*
Sandra Vansant*

1966/67

Thomas Anderson
James May
Steven Nichols
Janice Payne
Jessylon Ryon
Rune Simmeonsson
Beverly Ann Lee*
Catherine Mates*
G. Ronald Neufeld*
Judi Rose*
William Rueff*
Marilyn Southard*
Laura Whitten*

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* Roster includes students who have received support from sources other than Project Re-ED, principally U. S. Office of Education 88-164 fellowships.